

10/5/1416

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	*
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TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										

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